

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Globe
Town of Globe
or
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
County Registrar No. 190
Local Registrar No. 190

2. Full name of child Claude Duane Cubillo
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 9-17-27
Month Day Year

8. FATHER
Full name Joseph Cubillo

14. MOTHER
Full maiden name Marie Giacomina

9. Residence
(Usual place of abode)
If non-resident, give place and state Globe, Arizona

15. Residence
(Usual place of abode)
If non-resident, give place and state Globe, Arizona

10. Color or race Italian 11. Age at last birthday 46 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Italy
(State or country)

18. Birthplace (city or place) Globe, Arizona
(State or country)

13. Occupation
Nature of industry Jeweler

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
(Physician or midwife)
Address Box 636 Globe, Arizona

Given name added from
a supplemental report.
Month, day, year

Filed Sept 30, 27 W. W. Horst
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

336-917-471